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Myay D. Schild	(Depositor's name)
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6/22/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,255	11/26/2003	David J. Yonce	279.627US1	6065

TITLE OF INVENTION: MORPHOLOGY-BASED OPTIMIZATION OF CARDIAC RESYNCHRONIZATION THERAPY

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	06/22/2006
EXA	MINER	ART UN	IT	CLASS-SUBCLASS	7	
FAULCON JR, LENWOOD		3762		607-009000	_	
CFR 1.363). Change of correspon Address form PTO/SB/I "Fee Address" indicate PTO/SB/147; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN CARDIAC F	D RESIDENCE DATA TO I s an assignee is identified b in 37 CFR 3.11. Completion NEE	Correspondence sation form se of a Customer BE PRINTED ON 7 selow, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 registered 1sted, no of the part	near on the natent. If an assign	a member a nes of up to f no name is 3 mee is identified below, the country)	
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